VOLUME XVIII, ISSUE 4

SUMMER EDITION

Quarterly Newsletter

In This Issue

The Mission of the Maryland Board of Pharmacy is to protect Maryland consumers and to promote quality health care in the field of pharmacy through licensing pharmacists and registering pharmacy technicians and student interns, issuing permits to pharmacies and distributors, setting pharmacy practice standards and through developing and enforcing regulations and legislation, resolving complaints, and educating the public.

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FY 2024 Board of Pharmacy Legislative and Program Highlights

Deena Speights-Napata, Executive Director

A Selection of Maryland Board of Pharmacy reminders in response to your legislative and programmatic questions during FY 2024

1. The Board's **tech-check-tech regulations** are in effect and can be found at COMAR 10.34.34.04. An appropriately trained validated pharmacy technician may be delegated final product verification in accordance with the regulations.
2. The federal Department of Health and Human Services (HHS) amended the **PREP Act** to extend certain coverage through December 31, 2024. Specific to COVID-19 oral antivirals, HHS's amended declaration continues to offer liability immunity for pharmacists, pharmacy technicians, and pharmacy interns dispensing COVID-19 treatments, in accordance with a U.S. Food and Drug Administration (FDA) authorization, such as the oral antiviral treatments Paxlovid and Lagevrio. In the case of Paxlovid, pharmacists are permitted to prescribe the treatment under certain circumstances. Please consult with your counsel to determine if your practice meets the PREP Act requirements.
3. A **pharmacy student** in a pharmacy experiential program may generally engage in the practice of pharmacy under the direct supervision of a licensed pharmacist. (HO 12-301(b)) In addition, a pharmacy student in a pharmacy experiential program, who has successfully completed a Board-approved certification course, may administer vaccinations under direct supervision of a licensed pharmacist who meets requirements to administer vaccinations. (COMAR 10.34.32.03E)
4. **The Maryland Pharmacy Act** requires that a pharmacist's license be displayed conspicuously. HO 12-311. Therefore, a patient should be provided with the name and license number of a pharmacist, if requested.
5. On March 1, 2023, the DEA proposed regulations that would place certain **restrictions on the issuance of a CDS prescription based on a telemedicine visit.** Those regulations received over 38,000 comments. The DEA and HHS subsequently held two listening sessions with stakeholders in September 2023. As a result, the DEA extended the COVID telemedicine flexibilities for CDS prescriptions to allow it time to review and consider information and comments submitted in response to its proposed regulations. This extension is effective until December 31, 2024. (88 Fed. Reg. 69879)
6. A pharmacist may not fill the **initial fill of a prescription** more than 120 days after the date the prescription is issued. This does not apply to refills. HO 12-503(b).

Continued on pg. 2

7."A list of **implicit bias courses** already approved by the Maryland Office of Minority Health and Health Disparities is maintained at https://health.maryland.gov/mhhd/Pages/Implicit-Bias-Resources.aspx. If you would like to use a course not listed there, please submit all relevant course information -- including the syllabus/agenda, course objectives, and instructor information -- to the Board for review. If the Board recognizes the course as an acceptable implicit bias training course, the Board will submit the course to OMHHD for approval. Please note that this process may take several months, and the Board is not included in OMHHD's approval process."

8. The recent amendment to the **Maryland vaccination statute, Health Occ. 12-508**, was effective on April 25, 2024. To the extent that the Board's existing regulations governing vaccines conflict with the new statute, they are preempted. Pharmacists may vaccinate in accordance with the new statutory authority and existing regulations that do not conflict with the new statute (e.g., protocols, recordkeeping, etc.). Therefore, pharmacists do not need to wait for the Board to revise its regulations in order to vaccinate under the new amended Health Occ. 12-508.

9. Provided that the virtual manufacturer is duly licensed in Maryland, no additional notice is required for the use of a 3PL.

10. The Board proposed regulations governing the prescribing of **nicotine replacement products**, which were published in the Maryland Register on January 26, 2024. The Board has subsequently voted to adopt the regulations as proposed and is in the process of publishing the Notice of Final Adoption. Once the Notice of Final Adoption is published, the regulations will be effective 10 days thereafter.

Board will update its licensees regarding the final effective date of these regulations through its newsletter.

Meet Our New Board Members

Akash Patel, Chain Drug Store Representative

Dr. Akash Patel is our newest Chain Pharmacy Representative. He received his Doctor of Pharmacy Degree in 2009 from University of Sciences in Philadelphia formerly known as Philadelphia College of Pharmacy. He is currently a Regional Pharmacy Leader for Rite Aid operations for the state of Maryland. He is a member of Maryland Pharmacist Association. In his free time, Dr. Patel enjoys traveling with his family and actively volunteering at his local BAPS temple.

Daphanie Robinson, Pharmacy Technician Representative

Join us in welcoming our (first) pharmacy technician representative, Daphanie Robinson, to the Maryland Board of Pharmacy. Daphanie has 17 years of pharmacy technician experience and currently works as a Pharmacy Operations Manager for MedStar Health. Daphanie graduated with her bachelors of science in chemistry from Towson University, and earned two master's degrees, in Healthcare Administration and Business Administration, from University of Maryland Global Campus. Outside of working in pharmacy, Daphanie is a member of Delta Sigma Theta Sorority Incorporated, where she is active in many community service projects. In her spare time, Daphanie enjoys traveling and attending concerts.

Maryland Medicaid Copay Reminders:

By Kristen Fink

Beginning May 1, 2024, the State of Maryland required all Health Choice Managed Care Organizations (MCOs or Medicaid plans) to charge a copay for medications. This was done to create parity between copays for medications covered by Medicaid MCO's and behavioral health medications under the State Fee-for-Service plans.

As a reminder, per COMAR 10.09.03.03 (O) and Federal Medicaid law 42 U.S.C. § 1396o(e): No provider participating under the State plan may deny services to an individual on account of such individual's inability to pay the copay. Pharmacies accepting Medical Assistance prescription plans are included in the definition of participating providers.

Since implementation of the prescription copay requirement, many patients have reported being denied access to medications at the pharmacy when unable to pay. If you are unsure how to provide services to patients who cannot pay these copays, please consult your company for the appropriate internal procedure.

Repackaging Medications – A Delegated Pharmacy Act
By Karen Slagle

Recently, the Board has received questions about who is allowed to prepackage or repackage medications at a pharmacy. Prepackaging or repackaging of a non-specific patient medication in unit dose packages (for example blister or Bingo cards) is a delegated pharmacy act that must be performed by a pharmacist, registered pharmacy technician or registered pharmacy intern. For example, Acetaminophen 325mg is a common medication that nursing facilities maintain as stock medication for emergency dispensing. Although the Acetaminophen order may not be labeled for a specific patient, it ultimately will be administered to a patient when needed, and thus, must be packaged by licensed pharmacy staff. Unlicensed personnel that are employed at a pharmacy are restricted to operational support roles only in accordance with COMAR 10.34.21.02. Examples of these roles include delivery drivers, cashiers, administrative clerks, inventory control clerks or custodians.

Implicit Bias Training Reminder

Pursuant to Md. Code Ann., Health Occ. § 1-225, all health practitioners (including pharmacists and pharmacy technicians) must attest to completing an implicit bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program on their first license renewal after April 1, 2022. For a list of approved programs, visit https://health.maryland.gov/mhhd/Pages/Implicit-Bias-Resources.aspx. Please contact the Office of Minority Health and Health Disparities (contact information is located at the above link) with questions about any specific training program.

SAVE THE DATE

Continuing Education Breakfast

Sunday, October 6, 2024

7:30 am – 1:00 pm

BWI Airport Marriott: 1743 W Nursery Rd, Linthicum Heights, MD 21090

This CE event will be four hours with 4 credits awarded upon completion of attendance and quiz afterwards.

Registration Fee is $10 (in-person or live webinar)

First come, first serve. Spots are limited.

Registration link will open in the Fall, Stay Tuned!

MSHP Spring 2024 Technician Scholarship Recipients
By Daphanie Robinson

The Pharmacy Technician Committee of the Maryland Society of Health-System Pharmacy (MSHP) announced the recipients of the Pharmacy Technician Scholarship for Spring 2024. This new scholarship is aimed at supporting MSHP member pharmacy technicians who are seeking to further themselves academically and professionally. Congratulations to the following recipients:

Lauren Taylor
I am originally from Chicago. I started working as a pharmacy technician at the end of my junior year of high school through a summer externship program with CVS/pharmacy and UIC, where I later earned a B.S. in Biological Sciences. That was over 18 years ago and since then, I've gained experience within the retail, long-term care, and hospital pharmacy settings. With this scholarship, I hope to obtain my CPhT-Adv certification to further advance my pharmacy and leadership skills overall.

Susan Daly
I am Susan Daly CPhT, CSPT and I have been a Pharmacy Technician for 30 years, working in hospitals in both New York and Maryland. I am currently working at Johns Hopkins Care at Home as an Infusion Inventory Specialist.
My intention for the MSHP Technician Scholarship I have been awarded is to use it for the PTCB certification exam for Supply Chain and Inventory Management. I would like to work towards obtaining my Advanced Certified Pharmacy Technician (CPhT-Adv) through PTCB in the future.
I currently live on a small farm with my husband Jim, taking care of 18 goats, two horses and a Llama named Noodles.

Julie Gum
I have worked as a full-time Pharmacy Technician since 2008 while also attending college as a full-time student to pursue my bachelor's degree. I graduated from Towson University with a Bachelor of Science in Cellular and Molecular Biology and started my career as a Pharmacy Technician Supervisor at The Johns Hopkins Hospital in 2017. Currently, I supervise the perioperative services and controlled substances operations at the downtown Johns Hopkins Hospital East Baltimore Campus. I plan to use the scholarship award towards earning my Advanced Certified Pharmacy Technician (CPhT-Adv) certification.

Pamela Hankey My name is Pamela Meserve Hankey, I have been a pharmacy technician for forty-three years this year! I have been a state licensed technician since 2006. I am now looking to finally get nationally certified, as I was grandfathered in and never had to take the exam. However, I truly would like to formally complete the training and add this to my qualifications and work my way towards becoming an Advanced Certified Pharmacy Technician.

Md. Code, Health Occ. § 12-403(11) (ii): Maintaining a Clean and Orderly Pharmacy

By Adetoro Oriaifo

Introduction

As a pharmacist in Maryland, it is crucial to understand and follow the state statutes governing the operation of pharmacies. One specific requirement outlined in Section 12-403(c) (11) (ii) of the Health Occupations Article is the maintenance of a clean and orderly pharmacy.

According to the Maryland Board of Pharmacy inspection records, there appears to be a growing trend in the number of observations noting noncompliance with the requirement of keeping a clean and orderly pharmacy i.e. pharmacies are cluttered and disorganized.

In 2022, there were 3 non-compliance findings; in 2023, the number of findings increased to 7, and as of June 2024, there were 12 non-compliance findings, a **300% increase** in the number of findings compared to 2022. This growing trend i.e. number of cluttered and disorganized pharmacies is a major concern as this may put the public's safety at risk.

In this article, we will explore the importance of adhering to the cleanliness standard set forth by the Maryland Statutes, requirements for compliance, and the potential consequences of noncompliance.

Importance of a Clean and Orderly Pharmacy

A clean and orderly pharmacy is essential for promoting patient safety, ensuring the accuracy of medication dispensing, and keeping a professional and welcoming environment as a healthcare facility. By maintaining a clean and orderly pharmacy, pharmacists can enhance patient confidence, minimize the risk of medication errors, and contribute to a positive overall pharmacy experience.

Requirements for a Clean and Orderly Pharmacy

In addition to Section 12-403(c) (11) (ii) the Maryland Pharmacy Act also requires the following in support of the general cleanliness requirements.

1. Organization and Storage: According to Md. Code, Health Occ. § 12-403(c) (12) a pharmacy "Shall **store** all prescription or nonprescription drugs or devices properly and safely". Medications, supplies, and equipment should be organized and stored properly to prevent cross-contamination, ensure product integrity, and help efficient workflow. Shelving, cabinets, and storage areas should be clean, well-maintained, and free from clutter. Cardboard boxes should be broken down and disposed of or recycled to prevent clutter and disorganization in the pharmacy dispensing area.

2. Sanitation: According to Md. Code, Health Occ. § 12-403(c) (11)(i), a pharmacy "Shall maintain at all times **sanitary** appliances". Sanitation is achieved through regular cleaning of all pharmacy areas, including dispensing counters, workstations, equipment, and storage areas. This helps to prevent the buildup of dust, dirt, and potential contaminants that could compromise patient safety.

3. Pest Control: In order to ensure a sanitary pharmacy setting, pharmacies should implement measures to control pests, such as rodents, insects, and other vermin, to prevent contamination of medications and keep a hygienic healthcare environment. Regular inspections and proper pest control methods should be employed to ensure compliance.

4. Waste Management: A pharmacy should engage in proper disposal of pharmaceutical waste, including expired medications, empty vials, packaging materials, and other potentially hazardous substances. COMAR 10.34.12

Consequences of Noncompliance

Failure to maintain a clean and orderly pharmacy as required by the Maryland Pharmacy Act may result in various consequences such as:

- Regulatory Actions from the Maryland Board of Pharmacy.
- A disorganized and unclean pharmacy environment can lead to medication errors, contamination, and other safety hazards leading to compromised patient safety.
- Noncompliance can damage the reputation of the pharmacy and the pharmacist leading to lack of trust in their ability to safely and effectively serve patients.

To help keep a clean and orderly pharmacy environment, pharmacies may consider implementing the following actionable items:

- Develop and implement Standard Operating Procedures (SOPs) for cleaning and organizing the pharmacy with responsibilities and tasks clearly outlined.
- Organize medications and supplies using clear signage and labeling systems for easy identification and retrieval.
- Regularly review and remove expired or damaged products from the inventory.
- Maintain clean workstations free from clutter.
- Conduct regular staff training sessions to educate pharmacy staff on the importance of cleanliness and orderliness.

By implementing these actionable items, can maintain a clean and orderly pharmacy which will, contribute to patient safety, and keep a professional and welcoming healthcare environment for their patients.

Drug Repositories

During recent inspections, Maryland Board of Pharmacy inspectors have observed that some locations have unapproved receptacles for patients to utilize for disposal of unwanted or expired medications. In order for a pharmacy to accept returned and unwanted medications for proper disposal, the pharmacy must be Board-approved as a repository under the Prescription Drug Repository Program and comply with COMAR 10.34.33 and Health-General Article §§15-601-15-609. The formal application and related instructions can be found here: https://health.maryland.gov/pharmacy/docs/BOP-Forms/Drug%20Repository%20Application.pdf. If you have any questions about the Prescription Drug Repository Program, please contact the Board at 410-764-4755.

DISCIPLINARY ACTIONS (4/12/2024 – 7/31/2024)

PHARMACISTS	LIC. #	SANCTION	DATE
Vivian Berinyuy	21252	Probation/Fine	4/15/2024
Rotini Fagbemi	23198	Probation/Fine	5/6/2024
James G. Walker	09983	Probation/Fine	7/23/2024

PHARMACY TECHNICIANS	LIC. #	SANCTION	DATE
Laila Carrillo	T29079	Summarily Suspended	4/3/2024
Nicholas M. Ford, Jr.	T27751	Summarily Suspended	5/23/2024
Jalyssa Renee Dixon	T23337	Summarily Suspended	5/23/2024
Jeda Williams	T26042	Summarily Suspended	5/23/2024
Stacy Shanholtz	T04346	Revoked	6/26/2024
Johnny C. Cunanan	T00934	Summarily Suspended	7/16/2024

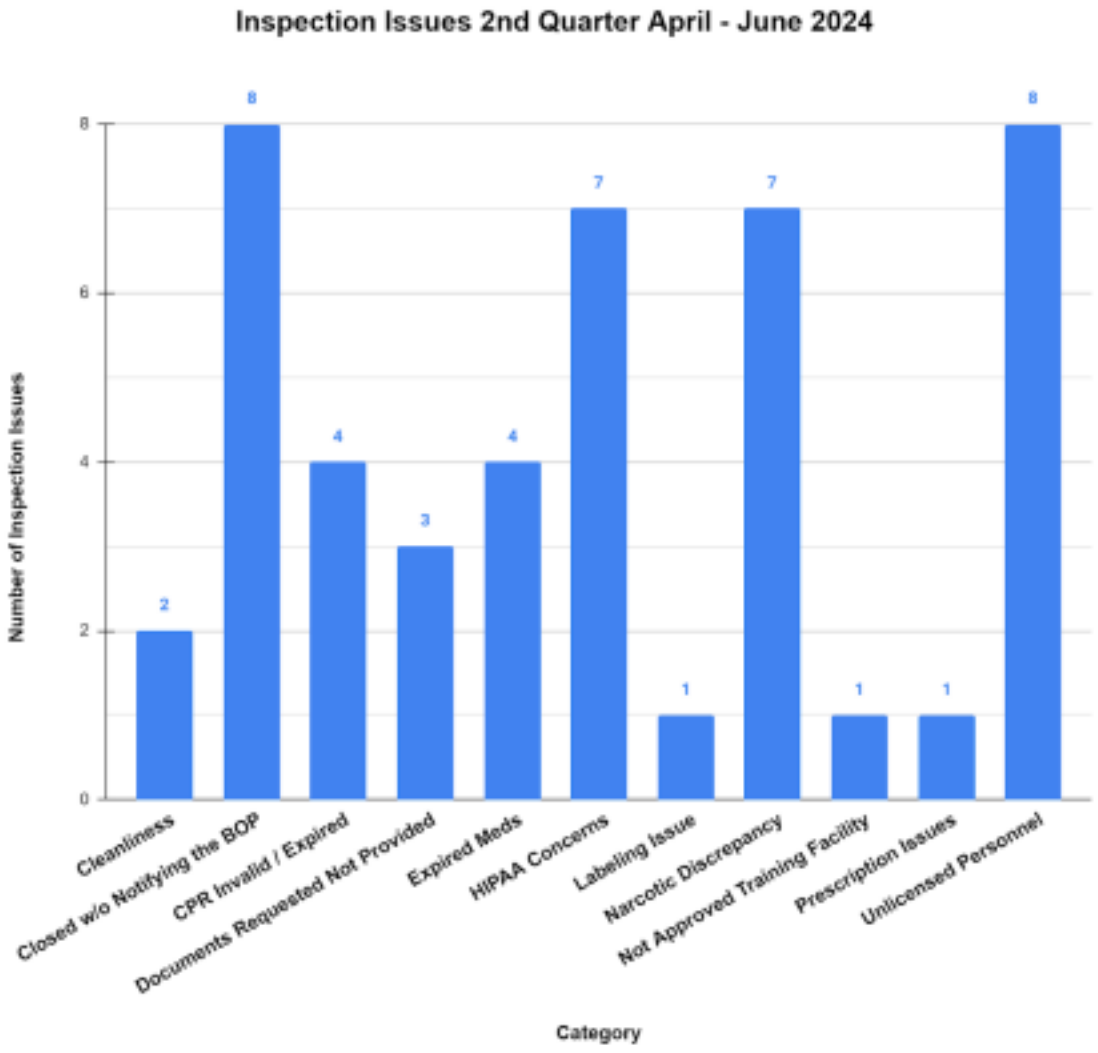
ESTABLISHMENTS	LIC#	SANCTION	DATE
Getinge USA Sales, LLC	D07025	Fine	4/15/2024
Cosmos Arena Pharmacy & Medical Supplies	P08393	Probation/Fine	5/6/2024
Ethicon, Inc.	D07179	Fine	7/2/2024
Walker Pharmacy, Inc	P07936	Fine	7/23/2024

Inspection Trends April 2024 – June 2024

The Maryland Board of Pharmacy investigates complaints that come to the Board from various sources. Complaints may come from consumers, healthcare professionals, pharmacy boards outside of Maryland, federal agencies, OCSA, and from Board inspections of pharmacies, sterile compounding facilities, and distributors in Maryland. The Board requires that all pharmacies be inspected annually at minimum and distributors be inspected biannually.

The following represents a breakdown of the issues that have come to the Board from the inspection of pharmacies across the state from April – June 2024.

1. Cleanliness
2. Closed w/o Notifying the BOP
3. CPR Certification
4. Documents Requested Not Provided
5. Expired Meds
6. HIPAA Concerns
7. Labeling issues
8. Narcotic Discrepancy
9. Not Approved Training Facility
10. Prescription Issues
11. Unlicensed Personnel


Inspection Issues 2nd Quarter April - June 2024
Number of Inspection Issues
0
2
4
6
8
2
8
4
3
4
7
1
7
1
1
8
Cleanliness
Closed w/o Notifying the BOP
CPR Invalid / Expired
Documents Requested Not Provided
Expired Meds
HIPAA Concerns
Labeling Issue
Narcotic Discrepancy
Not Approved Training Facility
Prescription Issues
Unlicensed Personnel
Category

National Pharmacy Compliance News

Reprinted from the National Association of Boards of Pharmacy FOUNDATION, 3Q 2024

FDA Grants Small Dispensers Exemptions From Certain DSCSA-Related Requirements of FD&C Act

Food and Drug Administration (FDA) has granted small dispensers (pharmacies) and, where applicable, their trading partners an exemption from certain requirements of Section 582 of the Federal Food, Drug, and Cosmetic Act (FD&C Act) until November 27, 2026. With this exemption, small dispensers will have more time to stabilize their operations to completely implement the Drug Supply Chain Security Act's (DSCSA's) drug distribution security requirements.

FDA classifies a dispenser as a small dispenser if "the company that owns [it] has 25 or fewer full-time employees licensed as pharmacists or qualified as pharmacy technicians." FDA notes, "Trading partners that do not qualify for the small dispenser exemptions and are unable to meet the enhanced drug distribution security requirements of [S]ection 582 of the FD&C Act by November 27, 2024, may request a waiver or exemption from those requirements." Additional details about requesting a waiver or exemption are available in the FDA press release; the agency states that the DSCSA one-year stabilization period will still end on November 27, 2024, and will not be extended beyond this date.

ISMP: Practitioners Can Reduce and Prevent Errors Involving 'Look-Alike' Bottles by Using Purchasing Decisions and Barcode Scanning

The Institute for Safe Medication Practices (ISMP) has recently received multiple reports of different manufacturer bottles with similar appearances that have contributed to errors. In one case, a mix-up occurred between prasugrel 10 mg tablets and flecainide 100 mg tablets, both manufactured by Amneal Pharmaceuticals. A patient had undergone a percutaneous coronary intervention in the hospital's catheterization laboratory and had a stent placed. Following the procedure, the patient was prescribed prasugrel, an antiplatelet agent, and directed to take 10 mg daily. The prescriber wrote the prescription for a 90-day supply. However, the pharmacy dispensed a mix of prasugrel and flecainide, an antiarrhythmic agent, to the patient.

Amneal manufactures prasugrel 10 mg tablets in bottles containing 30 tablets, and product labeling requires the pharmacy to dispense the medication in the original manufacturer's container. As a result, to fill a 90-day supply, the pharmacy must dispense three unopened bottles. However, this pharmacy also stocks 100-count bottles of flecainide 100 mg tablets from Amneal, which look nearly identical to the prasugrel bottles. Both bottles are the same size, are white with white lids, and the same colors and layouts are used on the container labels. Due to the look-alike packaging, staff had inadvertently shelved the flecainide bottles with the prasugrel bottles.

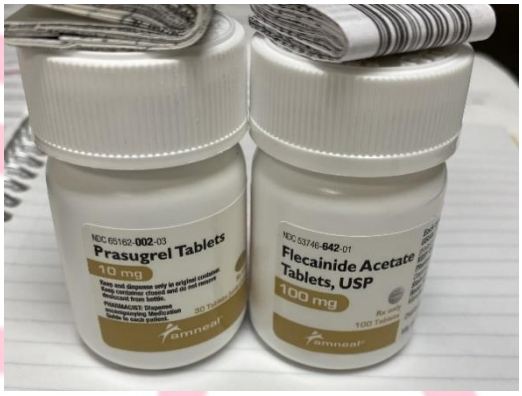


Figure 1. Bottles of prasugrel 10 mg tablets (left) look very similar to bottles of flecainide 100 mg tablets (right), both marketed by Amneal. Flecainide bottles were inadvertently stored with the prasugrel bottles and subsequently dispensed instead of prasugrel.

When filling the prescription, a pharmacy technician accidentally grabbed one bottle of flecainide and only two bottles of prasugrel. They then affixed pharmacy prescription labels for prasugrel to each bottle. During product verification, the pharmacist scanned the barcode of only one bottle, which was all that was required by the pharmacy computer system. The bottle they scanned happened to be a prasugrel bottle, so they did not receive an error message and then did not recognize that one of the bottles contained flecainide and not prasugrel. At home, the patient opened the bottle of flecainide first and took the wrong medication for a month. They did not realize the error until they opened a bottle containing prasugrel.

To help prevent errors with look-alike packaging, explore purchasing one medication from each of these pairs from a different manufacturer. If you currently have these products, consider separating them; make sure staff members are aware that they have been separated and know where to locate the medications. The pharmacy should employ processes and technology that can intercept product selection errors. For example, pharmacies should utilize barcode scanning during production and scan each bottle used to fill a prescription, including each manufacturer bottle that may be dispensed to a patient. The pharmacy computer system should also require the pharmacist to scan each bottle dispensed during product verification. Avoid obscuring critical information (eg, drug name, dosage strength, preparation instructions) on the manufacturer label, whether this is marking the containers with an "x" or affixing auxiliary labels, price stickers, or other labels. At the point

of sale, open the bag and have the patient check what has been dispensed to make sure it is correct.

CMS Issues Final Rule to Adopt NCPDP SCRIPT Standard Version 2023011

Centers for Medicare & Medicaid Services (CMS) has issued a final rule for health information technology standards to adopt the National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard Version 2023011. The updated SCRIPT Standard Version will allow electronic controlled substance prescriptions transfers between pharmacies. The transition period from NCPDP SCRIPT Standard Version 2017071 to Standard Version 2023011 will end on January 1, 2028.

Additional information about the background behind the CMS ruling update can be found in the *Innovations*® June 2024 issue.

SAMHSA Ads Promote 988 Suicide & Crisis Lifeline

Substance Abuse and Mental Health Services Administration (SAMHSA) will run five months of ads to create more awareness of the 988 Suicide & Crisis Lifeline for select audiences. SAMHSA aims to reach communities that are disproportionately affected by suicide. The ads will appear on media sites like Hulu and YouTube and social media sites like Meta and Snapchat. Following Centers for Disease Control and Prevention guidelines for creating awareness through mass-reach public health communication campaigns, the goal is to reach targeted audiences by running the ad at least 12 times on each person's phone, computer, or television.

FDA Releases Draft Guidance on Pharmaceutical Development of Veterinary Drug Products

Food and Drug Administration (FDA) has released a new draft guidance for industry #290 (VICH GL61), *Pharmaceutical Development*. Developed for veterinary use, the draft guidance discusses the suggested contents for the Pharmaceutical Development section that is intended to help reviewers and investigators of animal drug products understand the product, as well as the manufacturing process of these drugs. FDA is encouraging individuals to submit comments on the draft guidance within 60 days to ensure that the comments are considered before the agency begins drafting the final version of the guidance document.

CDC Reports on US Measles Cases

From January 1, 2020, through March 28, 2024, there were 338 confirmed measles cases, 29% of which occurred during the first quarter of 2024, according to Centers for Disease Control and Prevention's (CDC's) recent report. Researchers note that almost all cases reported in 2024 occurred in people who were unvaccinated or whose vaccination status was unknown. The study is subject to some limitations such as underreported cases of measles resulting from exposure outside of the United States and discarded cases after investigation. According to CDC, the risk of widespread measles transmission remains low in the US; however, the agency encourages routine measles, mumps, and rubella vaccination coverage and vaccination before international travel.

DEA's April Drug Take Back Day Collects 670,000 Pounds of Unneeded Medications

More than 670,000 pounds (335 tons) of unneeded and expired medications were collected during Drug Enforcement Administration's (DEA's) biannual National Prescription Drug Take Back Day. Since 2010, about 18.6 million pounds of unneeded medications have been collected nationwide for proper and safe disposal as part of DEA's Drug Take Back Days.

In addition to disposing of expired and unneeded medications during DEA's Drug Take Back Days, consumers can search for disposal collection sites that are open year-round using NABP's Drug Disposal Locator Tool, available on the Association's consumer website, *safe.pharmacy*.

FEND Off Fentanyl Act Signed Into Law

The Fentanyl Eradication and Narcotics Deterrence (FEND) Off Fentanyl Act has been signed into law. This bill is a sanctions and anti-money laundering bill that is intended to strengthen United States government agencies to disrupt illicit opioid supply chains and punish those facilitating fentanyl trafficking. Specifically, the FEND Off Fentanyl Act would declare international trafficking of fentanyl as a national emergency, require the US administration to report to Congress the actions that the government is taking to reduce international fentanyl and opioid-related trafficking, and more.

BOARD OF COMMISSIONERS

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Secretary: **Javier Vazquez**	Home Infusion Representative
Treasurer: **Peggy Glascoe Geigher**	Consumer Representative
Akash Patel	Chain Drug Store Representative
Daphanie Robinson	Pharmacy Technician Representative
Karla Evans	Acute Care Hospital Representative
Karen Slagle	Independent Representative
Kristen Fink	At-Large Representative
Kevin Morgan	Chain Drug Store Representative
Brenda Oliver	Consumer Representative
Jennifer Hardesty	Long Term Care Representative
Javier Vázquez	Acute Care Hospital Representative
Adetoro Oriaifo	At-Large Representative

BOARD MEETINGS

Public Pharmacy Board meetings begin at 9:30am on the third Wednesday of each month and are open to the public. The Board encourages all interested parties to attend the monthly Board Meetings and awards 2 LIVE CEs to all licensees. 2024 PUBLIC BOARD MEETINGS

Third Wednesday of each month

Aug 21, 2024
Sept 18, 2024
Oct 16, 2024
Nov 20, 2024

Maryland Board of Pharmacy
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CONTACT DIRECTORY

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Executive Director
Deena Speights-Napata

Director of IT, Budget & Procurement	Director of Compliance	Call Center Manager	Licensing Manager	Director of Inspections
Janey Partin	*Trina Leak*	*Jennifer Green*	*Vacant*	*Nancy Richard*

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